

Medical Services

After Hours Care of Same Day Surgery Patients

**Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
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SUMMARY of CHANGE

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After Hours Care of Same Day Surgery Patients

This is a new publication.

Medical Services

After Hours Care of Same Day Surgery Patients

FOR THE COMMANDER:

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establishes policies and procedures for the care of Same Day Surgery (SDS) patients after their surgeons and anesthesia providers have departed the facility.

Applicability. This memorandum applies to Headquarters, U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) (Kimbrough Ambulatory Care Center (KACC)). Specifically, it applies to all SDS staff, surgeons, anesthesia providers, and KACC medical officers of the day.

Proponent. The proponent of this memorandum is the Deputy Commander for Clinical Services (DCCS).

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to Commander, US Army Medical Department Activity, ATTN: MCXR-DCCS, 2480 Llewellyn Ave., Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088 or e-mail to john.schneider@na.amedd.army.mil.

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Chapter 1

Introduction

1-1. Purpose

This memorandum establishes policies and procedures for the care of SDS patients who are still in recovery within the facility after their surgeons and anesthesiologists have departed this medical treatment facility (MTF).

1-2. References

Comprehensive Manual for Ambulatory Care, Continuum of Care 4-11, Assessment of Patients 1.8.4., published by the Joint Commission on Accreditation of Healthcare Organizations.

1-3. Explanation of abbreviations and terms

Abbreviations used in this memorandum are explained in the glossary.

1-4. Responsibilities

a. *The medical officer of the day (MOD)*. The MOD will provide care to the SDS patient needing bedside consultation after 1930, Monday through Friday. The MOD will ensure appropriate care is given until the patient is dispositioned out of the facility.

b. *The Chief, Anesthesia Service*. The Chief, Anesthesia Service will maintain an Anesthesia Service On-call Roster and will provide a copy of the roster to the Head Nurse, SDS.

c. *Anesthesia providers*. Anesthesia providers will provide consultation, either at the bedside or telephonically, to all SDS patients who need assistance with recovery from anesthesia.

d. *The Head Nurse, SDS*. The Head Nurse, SDS will provide appropriate training to SDS staff regarding the provisions of this memorandum and will ensure the staff complies with its provisions.

e. *Registered nurses (RNs) and licensed practical nurses (LPNs) assigned to SDS*. RNs and LPNs caring for SDS patients after hours (that is, after 1930, Monday through Friday) will stay within the guidelines of this memorandum and will notify the attending physician, when available, of all care provided to the patient after hours, as well as ensure proper documentation in the patient's medical record.

f. *Providers and support staff*. Providers and support staff caring for SDS patients will communicate adequately and effectively with members of the health care team and the patients to ensure optimal patient care is given.

Chapter II

Procedures for Care of SDS Patients

2-1. Identifying patients' needs for provider intervention

The RNs and LPNs caring for SDS patients after hours will identify patients' needs for provider intervention by assessing the following:

- a. Vital signs.
- b. Onset, duration, location and intensity of pain, if any.
- c. Mental status.
- d. Weakness.

- e. Difficulty breathing or shortness of breath.
- f. Slurred speech or speech impairment.
- g. Nausea or vomiting.
- h. Heart palpitations.
- i. Cool, moist skin.
- j. Bleeding.

2-2. Emergent patients

a. When a patient's condition is emergent (that is, Code Blue), the SDS Charge Nurse will initiate all Code Blue procedures to ensure prompt treatment of the patient.

b. The patient's care, and, if necessary, transport to another MTF will be coordinated by the MOD and the SDS Charge Nurse, according to the guidelines of KACC's current transfer and transport policies.

2-3. Non-emergent patients who require provider intervention

When the SDS Charge Nurse determines that a patient's condition is non-emergent but requires provider intervention, the surgeon and/or anesthesia provider will be contacted by telephone. Through a collaborative effort of the SDS Charge Nurse, MOD, surgeon, and anesthesia provider, it will be determined whether or not there is a need for the MOD to provide bedside consultation.

a. For all surgical care, the SDS Charge Nurse will contact the attending surgeon or surgery resident utilizing the Skytel paging system by accessing the physician's roster located at the nursing station. If the attending surgeon or surgery resident cannot be contacted, the Charge Nurse will page the Walter Reed Army Medical Center Surgeon of the Day and initiate a DA Form 4106 (Quality Assurance/Risk Management Document).

b. For all patients under anesthesia care, the Charge Nurse will contact the On-call Anesthesia Provider, as listed on the Anesthesia Service On-call Roster.

2-4. Physician care of SDS patients until final disposition

Care of SDS patients will not take place without a responsible physician being present within the SDS clinic to provide patient care, if this should become necessary. In the rare case of a patient awaiting discharge or transfer after 2000, the SDS Charge Nurse will notify the MOD that there is still a patient in the clinic. The MOD will not depart KACC and will continue to be responsible for providing emergent care of the patient until the patient's final disposition.

2-5. Documentation of patient care

All care of SDS patients will be documented on Standard Form 509 (Progress Notes), which will be placed in the patient's chart.

2-6. Follow up care

The surgeon will coordinate all follow up patient care provided to the patient. Upon discharge, the SDS patient will be given instructions and emergency care contact information for problems or concerns occurring when KACC is closed. If the patient's condition warrants immediate attention after discharge, the patient will be instructed to go to the nearest emergency room for care.

Glossary

Section I Abbreviations

DCCS

Deputy Commander for Clinical Services

KACC

Kimbrough Ambulatory Care Center

LPN

licensed practical nurse

MEDDAC

U.S. Army Medical Department Activity, Fort George G. Meade

MOD

medical officer of the day

MTF

medical treatment facility

RN

registered nurse

SDS

Same Day Surgery

Section II Terms

This section contains no entries.